

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Hulu			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 12312 W. Olympic Blvd			Amount - 1973.50		
City Los Angeles	State CA	Zip Code 90064	Transaction ID : SE.9978		
Purpose of Expenditure Reported estimate, no longer using this vendor		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate CRAMER, KEVIN MR., ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought 27844.40			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Hulu			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 12312 W. Olympic Blvd			Amount - 1973.50		
City Los Angeles	State CA	Zip Code 90064	Transaction ID : SE.9980		
Purpose of Expenditure Reported estimate, no longer using this vendor		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate HEITKAMP, HEIDI, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought 25870.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	- 3947.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 24 / 2018

Signature

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 PAGE 2 OF 2
 FOR SE OF FORM 24/48

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Full Name of Payee LCX.com, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 2173 Salk Avenue Suite 250			Amount 3780.00		
City Carlsbad	State CA	Zip Code 92008	Transaction ID : SE.9982		
Purpose of Expenditure Digital ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate CRAMER, KEVIN MR., ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee LCX.com, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 2173 Salk Avenue Suite 250			Amount 3780.00		
City Carlsbad	State CA	Zip Code 92008	Transaction ID : SE.9984		
Purpose of Expenditure digital ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018		
Name of Federal Candidate HEITKAMP, HEIDI, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7560.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3613.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 24 / 2018

Signature